



FARJAMI & FARJAMI LLP
AN INTELLECTUAL PROPERTY LAW FIRM

www.farjami.com

RECEIVED
CENTRAL FAX CENTER
NOV 10 2005

26522 La Alameda Avenue, Suite 360
Mission Viejo, California 92691
tel: (949) 282-1000
fax: (949) 282-1002

FACSIMILE TRANSMISSION COVER SHEET

Date: November 10, 2005

To: United States Patent and Trademark Office
Examiner: Pham, Long; Art Unit: 2814

Fax: (571) 273-8300

Re: **Application Serial No.: 10/054,438**
Filing Date: 1/22/2002; First-Named Inventor: U'Ren
Attorney Docket No.: 00CON134P-DIV

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 24

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated July 19, 2005.

Payment for First Month Extension Fee in the Amount of \$120.00 is hereby enclosed on Form PTO-2038.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

**RECEIVED
CENTRAL FAX CENTER**

NOV 10 2005

Attorney Docket No.: 00CON134P-DIV

AMENDMENT COVER SHEET

IN RE APPLICATION OF: U'Ren, Gregory D.

SERIAL NO.: 10/054,438 FILED: January 22, 2002

FOR: Independent Control of Polycrystalline Silicon-Germanium in an HBT and Related Structure

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

<input checked="" type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$ 120.00
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

TOTAL EXTENSION FEE \$ 120.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	30	MINUS **30	* = 0	x 50	x 25	\$
INDEPENDENT	5	MINUS ***5	* = 0	x 200	x 100	\$

First presentation of multiple dependent claim

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

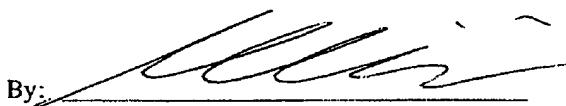
Attorney Docket No.: 00CON134P-DIV

Total fee for Supplemental Information Disclosure Statement \$

Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 11/10/05By: 

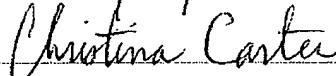
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

11/10/05

Date



Signature



Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92691
Telephone: (949) 282-1000
Facsimile: (949) 282-1002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date

Signature

Typed or Printed Name of Person Mailing Paper and/or Fee

**RECEIVED
CENTRAL FAX CENTER**

NOV 10 2005

Attorney Docket No.: 00CON134P-DIV

AMENDMENT COVER SHEET

IN RE APPLICATION OF: U'Ren, Gregory D.

SERIAL NO.: 10/054,438 FILED: January 22, 2002

FOR: Independent Control of Polycrystalline Silicon-Germanium in an HBT and Related Structure

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

<input checked="" type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$ 120.00
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

TOTAL EXTENSION FEE \$ 120.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	30	MINUS **30	* = 0	x 50	x 25	\$
INDEPENDENT	5	MINUS ***5	* = 0	x 200	x 100	\$

First presentation of multiple dependent claim

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 00CON134P-DIV

Total fee for Supplemental Information Disclosure Statement \$

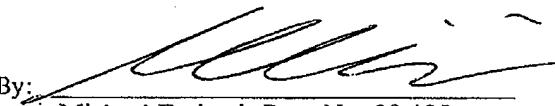
Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 11/10/05

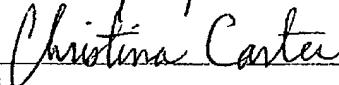
By:


Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

11/10/05

Date



Signature



Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92691
Telephone: (949) 282-1000
Facsimile: (949) 282-1002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date

Signature

Typed or Printed Name of Person Mailing Paper and/or Fee

Attorney Docket No.: 00CON134P-DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **RECEIVED**
CENTRAL FAX CENTER**NOV 10 2005**In re Application of: **U'Ren, Gregory D.**

Art Unit: 2814

Serial No.: 10/054,438

Examiner: Pham, Long

Filed: January 22, 2002

For: **Independent Control of Polycrystalline
Silicon-Germanium in an HBT and
Related Structure****AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated July 19, 2005 in the above-referenced patent application. Please enter and consider the following amendments and remarks.

11/14/2005 TL0111 00000019 10054438

01 FC:1251

120.00 OP